

MITCHELL MANOR

530 WEST LINCOLN AVENUE

WEST ALLIS 53219 Phone: (414) 615-7200

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 74

Total Licensed Bed Capacity (12/31/00): 74

Number of Residents on 12/31/00: 71

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Average Daily Census:

Corporation

Skilled

Yes

Yes

71

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
		Primary Diagnosis		Age Groups				
Home Health Care	No		%		%	Less Than 1 Year		26.8
Supp. Home Care-Personal Care	No					1 - 4 Years		53.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		19.7
Day Services	No	Mental Illness (Org./Psy)	49.3	65 - 74	4.2			-----
Respite Care	No	Mental Illness (Other)	7.0	75 - 84	45.1			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	46.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.2	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	9.9		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	11.3	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	2.8		-----	RNs		11.0
Referral Service	No	Diabetes	1.4	Sex	%	LPNs		17.8
Other Services	No	Respiratory	0.0		-----	Nursing Assistants		
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	16.9	Male	28.2	Aides & Orderlies		51.0
Provide Day Programming for Developmentally Disabled	No		100.0	Female	71.8			
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					100.0			

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## Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	1	2.9	\$129.78	0	0.0	\$0.00	1	3.6	\$148.00	0	0.0	\$0.00	2	2.8%
Skilled Care	8	100.0	\$253.21	31	88.6	\$110.23	0	0.0	\$0.00	27	96.4	\$148.00	0	0.0	\$0.00	66	93.0%
Intermediate	---	---	---	3	8.6	\$90.69	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	3	4.2%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	8	100.0		35	100.0		0	0.0		28	100.0		0	0.0		71	100.0%

## MITCHELL MANOR

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	% Independent	One Or Two Staff		
Private Home/No Home Health	0.0	Daily Living (ADL)				
Private Home/With Home Health	6.1	Bathing	2.8	67.6	29.6	71
Other Nursing Homes	4.5	Dressing	4.2	66.2	29.6	71
Acute Care Hospitals	71.2	Transferring	33.8	46.5	19.7	71
Psych. Hosp. -MR/DD Facilities	1.5	Toilet Use	23.9	45.1	31.0	71
Rehabilitation Hospitals	3.0	Eating	57.7	23.9	18.3	71
Other Locations	13.6	*****				
Total Number of Admissions	66	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		7.0	Receiving Respiratory Care	4.2
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder		63.4	Receiving Tracheostomy Care	0.0
Private Home/With Home Health	16.9	Occ/Freq. Incontinent of Bowel		45.1	Receiving Suctioning	0.0
Other Nursing Homes	3.1				Receiving Ostomy Care	4.2
Acute Care Hospitals	7.7	Mobility			Receiving Tube Feeding	5.6
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained		1.4	Receiving Mechanically Altered Diets	31.0
Rehabilitation Hospitals	0.0					
Other Locations	16.9	Skin Care			Other Resident Characteristics	
Deaths	55.4	With Pressure Sores		2.8	Have Advance Directives	100.0
Total Number of Discharges		With Rashes		1.4	Medications	
(Including Deaths)	65				Receiving Psychoactive Drugs	49.3

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## Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities &amp; Compared to All Facilities

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	Ownership:			Bed Size:		Licensure:		All	
	Proprietary			50-99		Skilled		Facilities	
	This Facility	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.9	74.6	1.29	86.1	1.11	81.9	1.17	84.5	1.14
Current Residents from In-County	97.2	84.4	1.15	90.2	1.08	85.6	1.13	77.5	1.25
Admissions from In-County, Still Residing	25.8	20.4	1.27	22.1	1.17	23.4	1.10	21.5	1.20
Admissions/Average Daily Census	93.0	164.5	0.56	168.8	0.55	138.2	0.67	124.3	0.75
Discharges/Average Daily Census	91.5	165.9	0.55	169.2	0.54	139.8	0.65	126.1	0.73
Discharges To Private Residence/Average Daily Census	15.5	62.0	0.25	70.9	0.22	48.1	0.32	49.9	0.31
Residents Receiving Skilled Care	95.8	89.8	1.07	93.2	1.03	89.7	1.07	83.3	1.15
Residents Aged 65 and Older	100	87.9	1.14	93.4	1.07	92.1	1.09	87.7	1.14
Title 19 (Medicaid) Funded Residents	49.3	71.9	0.69	51.5	0.96	65.5	0.75	69.0	0.71
Private Pay Funded Residents	39.4	15.0	2.62	36.3	1.09	24.5	1.61	22.6	1.75
Developmentally Disabled Residents	0.0	1.3	0.00	0.4	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	56.3	31.7	1.78	33.0	1.71	31.5	1.79	33.3	1.69
General Medical Service Residents	16.9	19.7	0.86	24.2	0.70	21.6	0.78	18.4	0.92
Impaired ADL (Mean)	51.0	50.9	1.00	48.8	1.04	50.5	1.01	49.4	1.03
Psychological Problems	49.3	52.0	0.95	47.7	1.03	49.2	1.00	50.1	0.98
Nursing Care Required (Mean)	6.2	7.5	0.82	7.3	0.85	7.0	0.88	7.2	0.86